



STURDY

MEMORIAL HOSPITAL
PO Box 1903
201 Park Street
Attleboro, MA 02703-0903

IMAGING REPORT

DEPARTMENT OF IMAGING

ADDRESSOGRAPH

SECTION: MAGNETIC RESONANCE IMAGING

ATTLEBORO, MA 02703

MRI/MRI-CERVICAL SPINE

PERTINENT HISTORY: BILAT UPPER AND LOWER EXT WEAKNESS

MRI OF THE CERVICAL SPINE:

HISTORY: BILATERAL UPPER AND LOWER EXTREMITY WEAKNESS.

TECHNIQUE: SAGITTAL T1 AND T2 IMAGES THROUGH THE CERVICAL AND UPPER THORACIC SPINE. AXIAL T2 IMAGES THROUGH THE CERVICAL SPINE. OBLIQUE SAGITTAL THROUGH THE NEURAL FORAMEN BILATERALLY.

NO PRIOR EXAMINATIONS.

FINDINGS: THERE IS STRAIGHTENING OF THE UPPER CERVICAL SPINE. THERE IS MILD DEGENERATIVE CHANGE WITH MINIMAL LOSS OF HEIGHT OF C3 WITH A SMALL ANTERIOR OSTEOPHYTE. THE VERTEBRAL BODIES OTHERWISE MAINTAIN NORMAL SIGNAL AND HEIGHT. THERE IS MILD DISC DEHYDRATION FROM C2-3 THROUGH C6-7.

AT C3-4, C5-6, C6-7 AND C7-T1, THERE ARE SMALL FOCAL CENTRAL DISC PROTRUSIONS WHICH CAUSE MINIMAL EFFACEMENT OF THE ANTERIOR CSF SPACE. THE CORD IS NORMAL. THE POSTERIOR CSF SPACE IS INTACT. THE CANAL AND LATERAL RECESSES ARE PATENT. THE NEURAL FORAMEN ARE PATENT BILATERALLY.

THERE IS MINIMAL LEVOSCOLIOSIS WITH ITS APEX AT C7.

IMPRESSION: MINIMAL LEVOSCOLIOSIS WITH ITS APEX AT C7. MILD DEGENERATIVE CHANGE.



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PERTINENT HISTORY: BILAT UPPER AND LOWER EXT WEAKNESS

<Continued>

SMALL FOCAL DISC PROTRUSION AS DESCRIBED ABOVE WITHOUT SIGNIFICANT
EFFECT ON THE CANAL, LATERAL RECESSES AND NEURAL FORAMINA.

Interpreted and Dictated By:

Reported By:

Report Reviewed And Signed By:

Cc:

Technologist:

Transcribed Date/Time:

Transcriptionist: RAD.MLD

Printed Date/Time: 05/12/2003 (1439)

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ORDERING PHYSICIAN



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IMAGING REPORT
DEPARTMENT OF IMAGING

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27458702 REG REF [REDACTED]

ADDRESSOGRAPH

SECTION: MAGNETIC RESONANCE IMAGING

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[REDACTED] MRI/MRI SP CANAL/LUMBAR W/VO CO

PERTINENT HISTORY: LEG WEAKNESS WITH POLY RADIC ON EMG CHRONIC LYME EXPO

MRI OF THE LUMBAR SPINE WITHOUT AND WITH CONTRAST:

CLINICAL HISTORY: LEFT LEG WEAKNESS.

TECHNIQUE: AN MRI EXAMINATION OF THE LUMBAR SPINE WAS PERFORMED. T1 AND T2 WEIGHTED SAGITTAL AND AXIAL IMAGES WERE OBTAINED. FAT SUPPRESSED T1 WEIGHTED SAGITTAL AND AXIAL IMAGES WERE OBTAINED FOLLOWING THE ADMINISTRATION OF INTRAVENOUS GADODIAMIDE.

FINDINGS: THERE IS NO COMPRESSION FRACTURE OR SUBLUXATION. THE INTERVERTEBRAL DISC SPACES ARE WELL MAINTAINED. THE INTERVERTEBRAL DISCS ARE NORMALLY HYDRATED. THERE IS NO DISC BULGE OR HERNIATION. THE NEURAL FORAMINA ARE WELL MAINTAINED. THE CENTRAL SPINAL CANAL IS WELL MAINTAINED. THE CONUS MEDULLARIS ENDS AT THE L1 LEVEL AND IS UNREMARKABLE. THERE IS NO ENHANCEMENT OF THE NERVE ROOTS OF THE CAUDA EQUINA.

THERE IS A SMALL EXTRASPINAL SYNOVIAL CYST ADJACENT TO THE LATERAL ASPECT OF THE RIGHT FACET JOINT AT L4-L5 WHICH MEASURES APPROXIMATELY 6 MM.

IMPRESSION: THERE IS A 6 MM EXTRASPINAL SYNOVIAL CYST ADJACENT TO THE

Could this be anything else?



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IMAGING REPORT

DEPARTMENT OF IMAGING

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SECTION: MAGNETIC RESONANCE IMAGING

MRI/MRI SP CANAL/LUMBAR W/VO CO

PERTINENT HISTORY: LEG WEAKNESS WITH POLY RADIC ON EMG CHRONIC LYME EXPO

<Continued>

LATERAL ASPECT OF THE RIGHT FACET JOINT AT L4-L5. THE EXAMINATION IS OTHERWISE NORMAL.

Interpreted and Dictated By:
Reported By: MD

Report Reviewed And Signed By:

Cc:

Technologist: RAD.DW
Transcribed Date/Time: 05/12/2003 (1331)
Transcriptionist: RAD.AR
Printed Date/Time: 05/14/2003 (0819)

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MAGNETIC RESONANCE IMAGING

MRI/MRI-BRAIN W/NO CONTRAST

PERTINENT HISTORY: BILAT LEG WEAKNESS

* A signed copy of this report is available from Sturdy *
* Memorial Hospital Medical Records Department, PO Box 2363, *
* Attleboro, MA 02703-0963, *****

MRI BRAIN:

CLINICAL HISTORY: BILATERAL LEG WEAKNESS.

TECHNIQUE: AXIAL T1 WEIGHTED BOTH BEFORE AND AFTER GADOLINIUM
ADMINISTRATION, T2 WEIGHTED, FLAIR, GRADIENT ECHO, SAGITTAL T1
WEIGHTED BOTH BEFORE AND AFTER GADOLINIUM ADMINISTRATION AND CORONAL
T1 WEIGHTED POST GADOLINIUM SEQUENCES ARE OBTAINED THROUGH THE BRAIN.

FINDINGS: THERE ARE NO PRIOR STUDIES.

THE MOST STRIKING ABNORMALITY IS GLOBAL CEREBELLAR ATROPHY WITH
RESULTANT EX VACUO DILATATION OF THE FOURTH VENTRICLE.

THERE IS A SMALL AREA OF FLAIR SIGNAL ABNORMALITY SEEN ADJACENT TO
THE RIGHT TEMPORAL HORN WITHOUT EVIDENCE OF GADOLINIUM ADMINISTRATION.
NO EVIDENCE OF INTRACRANIAL HEMORRHAGE OR EXTRA-AXIAL COLLECTIONS. NO
EFFACEMENT OF SULCI. THE MIDLINE STRUCTURES ARE INTACT.

THE SIGNAL VOIDS FROM THE MAJOR INTRACRANIAL STRUCTURES ARE PATENT.

THE ORBITS, IACS AND PARANASAL SINUSES ARE UNREMARKABLE.

IMPRESSION: MARKED GLOBAL CEREBELLAR ATROPHY. DIFFERENTIAL DIAGNOSIS
INCLUDES ALCOHOL ABUSE VERSUS DRUG TOXICITY VERSUS LESS LIKELY
DEGENERATIVE DISEASE, SUCH AS AML. THERE ARE OTHER MARK DEVELOPMENTAL
ABNORMALITIES OF THE CEREBELLUM.

SIGNAL ABNORMALITY NEAR THE RIGHT TEMPORAL HORN MAY SUGGEST MULTIPLE
SCLEROSIS.

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